

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214539983</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>American Compensation Insurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>BANK OF AMERICA CENTER, 16TH FLOOR</b>  <b>1111 EAST MAIN STREET</b>   <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MN</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2014</b></p> <p>SCC ID NO: <b>F1837360</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000	
CLASS	AUTHORIZED						
COMMON	5,000,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8500 NORMANDALE LAKE BLVD. SUITE 1400</p> <p style="text-align: center;">CITY/ST/ZIP: BLOOMINGTON, MN 55437</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT P. RESTREPO  TITLE: PRESIDENT  ADDRESS: 518 EAST BROAD STREET  CITY/ST/ZIP/CO: COLUMBUS, OH 43215 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ROBERT P. RESTREPO TITLE: PRESIDENT ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DAVID W. DALTON TITLE: VICE PRESIDENT ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	NANCY D. EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEVEN E. ENGLISH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	CLYDE H. FITCH, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEVEN R. HAZELBAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	RICK L. HOLBEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEPHEN P. HUNCKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	SCOTT A. JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	PAUL E. NORDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JOHN M. PETRUCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	TIMOTHY G. REIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MARY J. REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	LYLE D. RHODEBECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LORRAINE M. SIEGWORTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LARRY E. WILLEFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	SUSAN BOWRAN-WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MELISSA A. CENTERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	BRUMFIELD JERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MATTHEW S. MROZEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ACTUARY OFFICER		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LEON M. NEDDO, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	CYNTHIA A. POWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RISK OFFICER		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JAMES A. YANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	ALISON COOLBRITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. FIORILE DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. KUNK DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL J. OTTE DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA P. RYAN DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWIN J. SIMCOX DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT E. SMITH DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER P. SUGARMAN DIRECTOR 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JESSICA E. BUSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JESSICA E. BUSS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		8/20/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			